



AUTHORIZATION FORM FOR RELEASE OF BANK CREDIT INFORMATION

COMPANY NAME: _____

BANK NAME: _____

BANK FAX NUMBER: _____

ACCOUNT NUMBER: _____

Please accept this as authorization to release credit information to Visual Sound, Inc. for the purpose of establishing an account with us:

**VISUAL SOUND, INC
485 PARK WAY
BROOMALL, PA 19008
FAX: 610-338-2205**

SIGNATURE: _____ **TITLE:** _____

PRINT NAME: _____

DATE: _____

***Visual Sound, Inc.
485 Park Way * Broomall, PA 19008
Phone: 610-690-1328 * FAX: 610-338-2205***